



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

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LOBBYIST REGISTRATION FORM

(See back of this form for instructions) STATE OF HAWAII
(Type or Print Clearly) STATE ETHICS COMMISSION

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
MEDEIROS	NICK		(916) 441-7196
MAILING ADDRESS (Street)		(City)	(State) (Zip Code)
1127 11th. SUITE 350		SACRAMENTO	CA 95814
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N.M. INC			441-7196
MAILING ADDRESS (Street)		(City)	(State) (Zip Code)
SAME AS ABOVE			

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
GLAXO SMITH KLEIN			(503) 224-6448
MAILING ADDRESS (Street)		(City)	(State) (Zip Code)
11811 NORTH TATEM BLVD. SUITE 1060			
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
MS. PAT TRIFUNOV			224-6198
MAILING ADDRESS (Street)		(City)	(State) (Zip Code)
SAME AS ABOVE			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy, Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>nick Medeiros</u>	<u>3-1-03</u>
(Signature of Lobbyist)	(Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
PAT TRIFUNOV	AREA VICE PRESIDENT 602-494-5313
NAME OF ORGANIZATION (if applicable)	TELEPHONE
GLAXO SMITH KLINE	602-494-5313
MAILING ADDRESS (Street)	(City) (State) (Zip Code)
11811 N TATUM BLVD SUITE 1060	PHOENIX AZ 85028
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.	
<u>X</u> <u>Pat Trifunov</u>	<u>3/13/03</u>
(Signature of Authorizing Officer or Person Represented)	(Date)